

Job Profiles

Band 2

£11,148 - £13,832

Biomedical Support Worker
Clinical Support Worker Speech & Language Therapy
Dental Nurse (unqualified)
Maintenance Support Worker (Higher)
Phlebotomist

Band 3

£12,852 - £15,381

Biomedical Support Worker (Higher)
Building Craftworker
Clinical Support Worker Speech & Language Therapy (Higher)
Cytology Screener
Dental Nurse
Maintenance Craftworker

Band 4

£15,019 - £18,064

Assistant Psychologist
Community Nursery Nurse
Cytology Screener (Higher)
Maintenance Supervisor
Multi-Skilled Maintenance Technicians
Works Officer (Engineering Maintenance)

Band 5

£17,548 - £22,710

Assistant Chaplain
Assistant Psychologist
Biomedical Scientist
Community Nurse (Schools)
Dental Technician
Speech and Language Therapist
Theatre Nurse

Band 6

£20,955 - £28,387

Art Therapist
Biomedical Scientist Team Leader
Chaplain
Clinical Pharmacist
Community Psychiatric Nurse
District Nurse
Post Registration Pharmacist
Sexual Health Advisor
Specialist Dental Technician
Specialist Theatre Nurse
Specialist Speech and Language Therapist
Health Visitor
School Nurse
Trainee Psychologist

Band 7

£25,290 - £33,342

Biomedical Scientist Section Manager
Chaplain Team Manager
Community Psychiatric Nurse Manager
District Nurse (Team Manager)

Health Visitor (Team Manager)

Health Visitor CPT

Highly Specialist Dental Technician

Highly Specialist Speech and Language Therapist

Registered Clinical Scientist (Biochemist/Physicist)

School Nurse Manager

Sexual Health Advisor Section Manager (Primary Care)

Specialist Clinical Pharmacist

Specialist Clinical Psychologist

Band 8a

£32,258 - £38,709

Consultant Speech and Language Therapist
Dental Lab Manager
Highly Specialist Clinical Pharmacist
Highly Specialist Clinical Psychologist
Principal Clinical Scientist (Biochemist/Physicist)
Principal Speech and Language Therapist
Professional Manager

Band 8b

£37,574 - £46,451

Consultant Clinical Psychologist, Head of Speciality/
Consultant Lead Clinician.
Consultant Speech and Language Therapist
Dental Lab Manager
Highly Specialist Clinical Pharmacist
Principal Clinical Pharmacist/Clinical
Pharmacy Services Manager
Principal Speech and Language Therapist
Professional Manager

Band 8c

£45,213 - £55,742

Consultant Clinical Psychologist, Head of Speciality/
Consultant Lead Clinician.
Consultant Clinical Scientist (Biochemist/Physicist)
Consultant Speech and Language Therapist
Principal Clinical Pharmacist/Clinical
Pharmacy Services Manager
Professional Manager

Band 8d

£54,193 - £67,096

Consultant Clinical Psychologist, Head of Speciality/
Consultant Lead Clinician.
Consultant Clinical Scientist (Biochemist/Physicist)
Professional Manager
Profiles evaluated beyond Band 8d
(salary range still to be agreed)
Director of Pathology
Consultant Clinical Psychologist, Professional/
managerial Lead for Psychology Services

Please note: There are Profiles still awaiting completion. We have also identified further gaps in the profiles. For a full status report on profiles contact Colin.Adkins@amicus-m.org. The pay bands will increase by 3.225% from 1st April 2004.



Agenda for Change

Information Bulletin

Agenda for Change (AfC) represents the potential single most significant change for staff in the NHS since 1948.

What is it?

AfC was announced in 1998. Its aim is to modernise the pay, grading and terms and conditions for all NHS employees. Pay modernisation is an integral part of the modernisation of the NHS.

The key principles of AfC are:

- equal pay for work of equal value
- partnership working
- support for lifelong learning and career progression
- the harmonisation of the current terms of service

How are these to be achieved?

A major part of the process has been to develop an equality proofed job evaluation scheme, which can value every job in the NHS. This work continues and has taken over four years. It has established a grading structure, which has created eight pay bands and two pay spines for review body staff and non-review body staff. The two pay spines are identical.

Alongside this has been the establishment of the Knowledge and Skills Framework (KSF). The work undertaken in the KSF group has produced the foundations for career development opportunities for all staff. It also supports pay progression not on the principle of performance related pay but instead on the development of skills and knowledge for individuals within competency frameworks. All NHS employers will be required to demonstrate that their staff is supported and resources provided to ensure this happens.

This work has been conducted on the principle of partnership and this will be the engine for change. None of the aims of AfC can be achieved without genuine partnership working between NHS employers and their union representatives.

When will AfC be implemented in the NHS?

If supported by amicus members the implementation date is 1 October 2004. AfC is being tested in 12 early implementer (EI) Trusts that started work in June 2003. These EI trusts are implementing AfC on a trial basis to establish:

- that it works
- what may need to be revised in the package of proposals
- the strategy for a national rollout on 1 October 2004.

What happens after the early implementers complete their work?

There will be a review by the management and trade unions of the outcomes which will include:

- the matching of posts to national job profiles
- locally evaluated posts
- unsocial hours working
- on call arrangements
- harmonisation of annual leave and hours of work
- the Knowledge and Skills framework
- recruitment and retention premia

- pay costs
- the assimilation to AfC

This will complete the full picture of AfC. Amicus will then hold a second ballot to enable its 80,000 members working in the NHS to decide whether they will support AfC and its implementation on 1 October 2004. If AfC is supported the modernisation of pay in the NHS will provide:

- a single pay and grading structure for review body and non review body staff expressed as two identical pay spines
- harmonised terms and conditions of service
- a framework for career progression for all
- a new staff council to replace the General Whitley Council and all the functional Whitley Councils.

If accepted, the national rollout of AfC in October 2004 will require a tremendous commitment from all Amicus workplace reps in the NHS – in short, a great challenge!



For detailed guidance on AfC and Job Profiles visit www.amicushealth.org

Are you an Amicus Representative?

Do you receive our regular electronic reps bulletin Reps Direct?

If not contact: jean.smith@amicus-m.org

Agenda for Change - how will Amicus decide?

In May 2003 a postal ballot of Amicus NHS members resulted in 78.9% backing for the statement "I agree to Agenda for Change proceeding to the Early Implementer Stage".

This gave the green light to Amicus representatives at all levels of the union to engage in the work necessary to equip the 12 Early Implementer sites with national job profiles and to representatives on EI sites to get on with the work of testing AfC.

The assimilation of our members onto the new pay bands within EI sites will be carefully monitored. When that work is complete Amicus members will decide whether they are willing to endorse AfC and national rollout.

Only members of Amicus will have a say in this ballot. For your voice to be heard and to ensure professional and expert and advice on AfC - if you are not a member join us today.

Working together to test Agenda for Change

Amicus has come a long way in 2003 in ensuring better pay outcomes for our members but we have much work to do

What we have achieved

November 2002 was an important time in the Agenda for Change Job Evaluation process. It was at this stage that Amicus received the first batch of draft profiles for the professions we represented. To say that we were 'underwhelmed' by their contents was an understatement. Indeed we were incandescent because they greatly undervalued our members' contribution to providing health and social care. We were worried about the effect that this would have on recruitment and retention of key skilled staff.

Our task was to 'verify' the contents of the profiles and then identify any gaps. We undertook this work with our Health Sector Occupational Advisory Committees (OACs) and relevant professional bodies. We have achieved significantly better outcomes both in terms of the contents of the profiles and in the range of levels of practise and professions covered.

What is next

Having made significant advances we are continuing the national profiling work. The national profiles are the means by which NHS staff are assimilated onto the new pay scales

by matching postholders against these. Therefore key to determining a better outcome for Amicus members is the matching process in the Early Implementer sites and the possible need for local evaluations where a postholder's role does not match a national profile. Matching guidance has been produced by Amicus.

This is where the proposed system is fairer and more transparent. Under Whitley, Trusts 'optimised' the grades to meet the salary budget. Whilst often we have proved the unfairness of these abuses of the Clinical Grading criteria Trusts retain power to act as final arbiters of our claims and deny our members fair pay.

Under the Agenda for Change we can mount an evidence based challenge to the Band allocated for a post and ultimately have an independent assessment of the post either via matching or the Job Evaluation scheme. Using the Knowledge and Skills Framework (KSF) we can start defining the competencies required for higher levels of practice and giving members the means to reach these via CPD.

Our professionally specific guidance is being developed as we have monitored the outcome of the

matching process in the early implementer sites. Our advice and guidance will be supplemented by additional training of workplace representatives. We are now entering a very challenging period of the Agenda for Change process. Our workplace representatives activity and support over the preceeding months has been key to obtaining better outcomes on many profiles. All this work combined, helped to clarify how much the vast majority of our members will be paid, ahead of our second ballot on Agenda for Change later in 2004.

The focus of the work on Agenda for Change is now rapidly shifting to NHS employers, in particular those which are Early Implementer sites, where a great deal of work is in hand.

We cannot afford to hide away or duck this challenge. If Agenda for Change is accepted in our second ballot all our members employed by the NHS will be affected. But as well as vote in the second ballot Amicus members can play an active role and are invited to make a contribution.

Step One

Your Job Description (JD) is the very important first step in AfC. JDs are the starting point of the matching process and will greatly influence the decision of the matching panels.

As members you should ensure that your JD is accurate, up to date and reflects the job that you do.

Eileen Brennan, an Amicus workplace representative comments, 'the initial work done by members on updating their job descriptions proved invaluable to the AfC reps at Central Cheshire PCT'.

To help members update their JD there is a check list in Reps Direct 225 available on the Amicus health sector website at http://www.amicushealth.org/archive/s/cat_reps_direct.html (RD 225).

Step Two

A project the size of AfC needs more members to get involved as workplace representatives.

This is a point that Keith Dednam, an AfC representative at Aintree Hospitals, is keen to stress. Keith, who had never been a representative before, said 'I have found my role on the matching panels a great experience and very rewarding. I urge as many people as possible to get involved in AfC.'

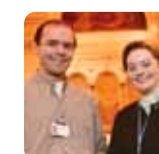
Mike Venny, Lead rep at Aintree echoes this: 'The success we have had so far could not have been achieved without the members

input both in the JDs and in becoming AfC reps and representing their department.' Mike also says, 'the whole undertaking to date has been carried out in partnership and this less adversarial approach has helped the recruitment and development of AfC reps'.

Jenni Kay a Speech and language therapy representative says 'that the clearly defined areas and limit on the number of members they would have to cover, meant members are willing to become AfC reps because they knew what they were getting in to'.

The consensus from our representatives at the Early Implementer sites has been the more people involved the easier AfC has been to deal with. We will need many more members involved across all the professions that Amicus represents.

If you are interested in becoming an AfC rep for your workplace /department you can contact your workplace representative or Amicus Regional centre. If you are not quite sure who to contact and would like additional information please get in touch with our Amicus Health Sector Organiser Keith Hutson at Keith.Hutson@amicus-m.org or on 0161 745 7300.



Amicus - for skilled & professional NHS employees

Join us
020 7505 3151


amicus
the union

your job your money your future